

**Intelligence Activities****THE MEDICAL INTELLIGENCE PROGRAM**

*This regulation describes the Medical Intelligence Program of the USAF, outlines the relationship of medical intelligence activities with other elements of the intelligence community, establishes responsibility at various levels of command, and provides guidance for accomplishing the USAF medical intelligence effort. It applies to all major air commands, agencies, and offices concerned with collecting, interpreting, and disseminating the medical components of scientific information.*

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**1. Terms Explained:**

a. *Aeromedical Intelligence*. The segment of medical intelligence that pertains to scientific and technical information about any phase of the science and practice of aerospace medicine and bioastronautics.

b. *Medical Intelligence*. Information which, when collected, evaluated, assembled, and produced, provides substantive data that permits accurate assessment of the effects of health conditions on the manpower potential of a political or geographic area. It includes the distribution and character of diseases that may influence military operations or the domestic aspects of national security, and also the climatological, physiological, and psychological factors that influence the interrelationship of man and his environment, equipment, and tasks.

**2. The Need for and Scope of the Medical Intelligence Program.** To succeed in its mission, in war and in peace, the Air Force must have knowledge of all conditions that bear on the capabilities of both friendly and hostile foreign nations. The skills and resources inherent in certain routine functions of the USAF Medical Service's Aerospace Medical Program (e.g., flight medicine, military public health, toxicology, bioenvironmental engineering, nuclear medicine, and the biomedical sciences) are nat-

urally adapted to the evaluation of data bearing on foreign technology and worldwide health and disease conditions that may adversely affect USAF operational capability. Medical intelligence functions also comprise determining and assessing postattack health and sanitary conditions, including the effects of radiological fallout in nuclear war situations in both friendly and hostile areas.

**3. Concepts of Medical Intelligence in the USAF.** Since medical intelligence helps detect new foreign capabilities, particularly those relating to space operations which might not otherwise be elicited, it is a major element of the effort to prevent technological surprise. Medical intelligence functions vary, as follows, with the state of conflict:

a. *Peace or Cold War.* During peacetime or cold war conditions, including counter-insurgency operational situations, the Air Force must maintain surveillance over foreign technological capability in the aerospace and biomedical science area. Significant information about capability and new weaponry may be derived from data on the nature and characteristics of certain types of medical research. The world-wide deployment of the USAF requires continuing evaluation of global and local epidemiological conditions in every echelon of medical responsibility.

b. *Limited War.* During periods of limited war, the peacetime medical intelligence functions continue. Flight medical officers and other Medical Service personnel must also be on the alert to observe the possible introduction of new aerospace medical developments and aircrew protective equipment. More intensive observations must be made of the effect health and sanitary conditions have on enemy operational capability, and concern must be given to the possibility of biological warfare activity.

c. *Pregeneral and General War.* During periods of increased tension which might lead to general war, medical intelligence must be concerned with the possibilities of biological warfare attacks. Once general hostilities have been initiated, in addition to global epidemiological surveillance, intensive intelligence efforts must be directed to evaluating the effect of nuclear fallout casualties on foreign military and civil populations and their economic capability. The effects of damage and casualties on the military capability of the USAF and other friendly forces must also be determined.

4. **Sources of Medical Intelligence.** A considerable portion of the medical intelligence, or information with a medical intelligence connotation, required by the USAF is available from other departments and governmental intelligence agencies. The Defense Intelligence Agency, Central Intelligence Agency, U. S. Public Health Service, State Department, United States Strategic Intelligence Board, and similar activities are concerned with medical intelligence matters. The USAF Medical Service provides guidance, consultation, and specialist personnel to assist in the management and conduct of the aerospace medical intelligence effort. Within the USAF, the Foreign Technology and Aerospace Medical Divisions, AFSC, have basic responsibilities for the aeromedical intelligence aspect of aerospace technical intelligence activities.

##### 5. Responsibilities for the Program

a. *Assistant Chief of Staff, Intelligence, HQ USAF (AFNIN)* is responsible for overall management of all intelligence activities under USAF cognizance; he will:

(1) Establish and formulate USAF requirements for medical and aerospace medical intelligence, in coordination with the Surgeon General, USAF (AFMSG) and the Director of Science and Technology (AFRSTA).

(2) Maintain liaison with other departmental and governmental intelligence-producing agencies to insure that USAF intelligence requirements are recognized and that the USAF is aware of and appropriately uses the medical intelligence available from other agencies.

(3) Provide and supervise systems to collect and disseminate medical and aerospace medical intelligence information, utilizing the advice and assistance of the Surgeon General as required.

(4) Assemble medical and aerospace medical intelligence from all sources and process it for inclusion in air intelligence studies and estimates. The Surgeon General will support AFNIN in this activity.

(5) Immediately refer to the Medical Intelligence Coordinating Panel, AFMSG, operational reporting system messages that contain information about epidemiological, health, or sanitary matters of a medical intelligence nature.

(6) Arrange for the Surgeon General to receive any information that requires professional radiological or bioenvironmental review and assessment, such as dealing with fallout, suspected biological warfare, chemical warfare attacks, etc.

(7) Include in the Intelligence Annex of operational directives, plans, and orders prepared by AFNIN, information on health and sanitary conditions in areas of operation, and other epidemiological data and related information provided by AFMSG.

b. *The Surgeon General, USAF, will:*

(1) Recommend and advise AFNIN about requirements for medical intelligence, and submit to the intelligence community collecting and other intelligence action requirements.

(2) Maintain world-wide epidemiological surveillance and advise Air Staff agencies about the significance of world health conditions in current or projected USAF operations.

(3) Maintain a Surgeon General's Medical Intelligence Coordinating Panel to provide the necessary technical back-up and support to USAF Medical Service representatives assigned to the Defense Intelligence Agency or other intelligence activities, and to serve as the focal point for medical intelligence activities within the Medical Service.

(4) Provide USAF membership and representation on interdepartmental and interagency committees or groups that deal with medical intelligence matters, keeping

AFNIN informed on matters of significance that arise from this participation.

(5) Plan and participate in quasi-intelligence activities, such as hosting foreign medical personnel attending U. S. scientific or medical meetings and assemblages.

(6) During periods of contingency operation or defense readiness, maintain increased epidemiological and biomedical intelligence surveillance, providing AFNIN and other Air Staff agencies with evaluations of health and disease data in areas of USAF interest. AFMSG will assure that a medical intelligence capability is inherently present in HQ USAF Rear, or in such alternate Headquarters Command Post as may be established, as well as in support of HQ USAF battle-staff activities.

c. *Major Air Commands will:*

(1) Insure Medical Service participation in command intelligence activities, including assisting, collecting, evaluating, disseminating, and coordinating with responsible intelligence agencies information about enemy medical activities.

(2) Maintain surveillance and advise HQ USAF (AFNIN and AFMSG) about health and sanitary conditions in their areas of operation that may affect USAF operational capability in those areas.

(3) Maintain epidemiological and bio-environmental surveillance over conditions that may be of interest in the national intelligence effort. This includes reporting the presence of epidemics in indigenous populations, providing information on zoonotic diseases, and making comments and observations about the general health and well-being of both friendly and potentially hostile populations.

(4) Participate in evaluating captured foreign materiel or equipment of aerospace medical importance, including aircrew protective devices, personal protective equip-

ment against biological and chemical warfare, equipment for use by missile launch control and handling personnel and similar items, and new or unusual casualty producing devices.

d. *The Air Force Systems Command will:*

(1) Through the Foreign Technology and Aerospace Medical Divisions, develop and conduct programs to appraise foreign technical capabilities, performance characteristics, and design features of aerospace vehicles and related equipment intended to exploit human capability or protect crew members from stresses of flight.

(2) Formulate detailed requirements for foreign technical intelligence to accomplish the USAF medical intelligence mission, including evaluating technical developments associated with all phases of environmental stress control, utilizing human capabilities and weapons systems, and protecting personnel from the physical, physiological, and psychological stresses associated with Air Force operations.

(3) Include information about medical intelligence activities and requirements in courses taught at the USAF School of Aerospace Medicine.

(4) Help AFNIN evaluate significant aerospace intelligence data and accomplish assigned technical intelligence functions to support aerospace medical requirements generated by the Defense Intelligence Agency.

6. **Coordination and Liaison.** AFMSG, AFNIN, and Air Force commands and agencies may communicate direct to coordinate the exchange of medical intelligence information. However, major commands must send medical intelligence communications for the Defense Intelligence Agency or other elements of the intelligence community to HQ USAF (AFNIN), with information copy to AFMSP, for transmittal to the agency concerned.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

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